

From Naming to Blaming

Using Ethnic/Geographic (vs. Medical) Virus Labels Increases Hostility, Xenophobia, and Stigma

CFUW Stratford Virtual AGM – Pandemic Reflections



Hilary B. Bergsieker
University of Waterloo



Emily N. Cyr
University of Waterloo



Jackie Koyama
University of Toronto



Morgan R. Borders
Wright State University



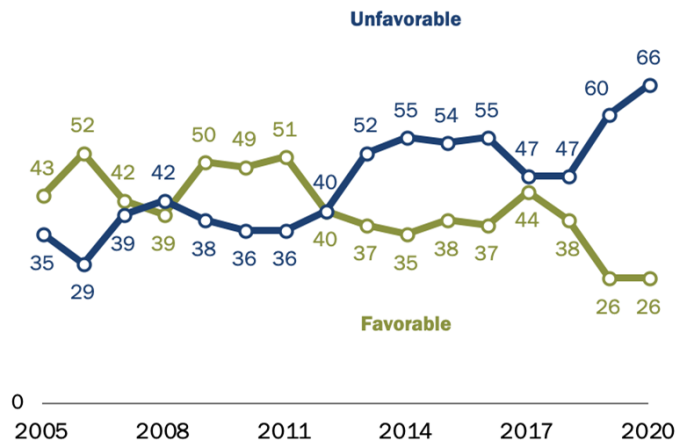
Noah D. Forrin
McMaster University

Rising anti-Asian prejudice and violence

Negative views of China continue to grow in U.S.

% who say they have a ___ opinion of China

100%



Note: Don't know responses not shown.

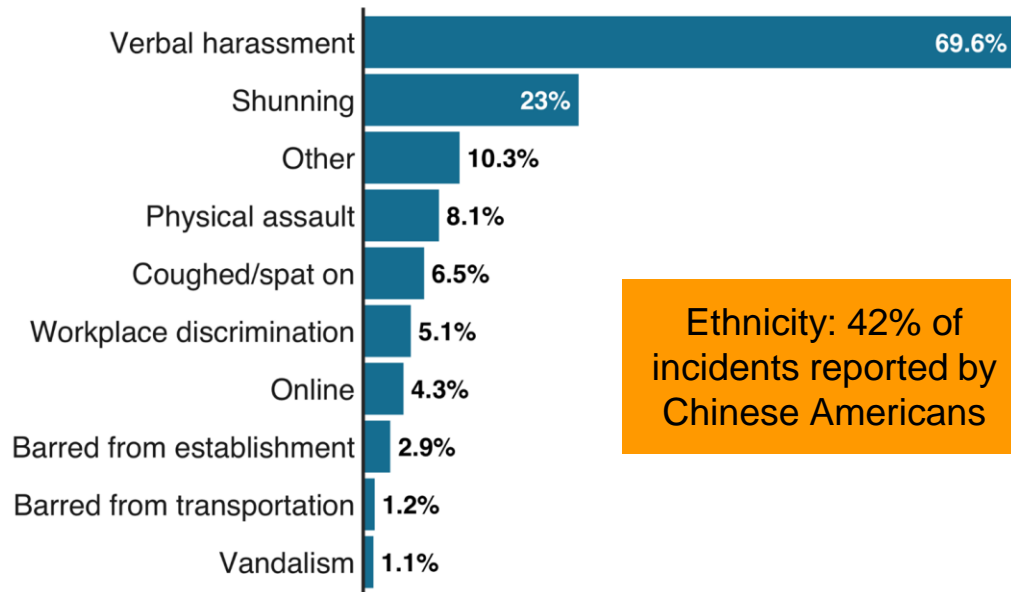
Source: Survey of U.S. adults conducted March 3-29, 2020. Q5b.

"U.S. Views of China Increasingly Negative Amid Coronavirus Outbreak"

PEW RESEARCH CENTER

Verbal harassment the most common form of discrimination

Percentage of 1,710 reported coronavirus-related incidents



Ethnicity: 42% of incidents reported by Chinese Americans

Source: Stop AAPI Hate Reporting Center

(19 Mar-29 Apr 2020)

BBC

Scapegoating and “Chinese virus” terminology

Long history of blaming disease on Asian people

- **Language:** “Yellow peril” (late 1800s) and “Oriental cholera” (1832)
- **Policies:** Barricading, burning Chinatown during plague (1899)
- **Behavior:** 90% drop in Chinatown revenue during SARS pandemic (2003)



(1968)

March 2020

← Tweet



Donald J. Trump ✓
@realDonaldTrump

The United States will be powerfully supporting industries, like Airlines and others, that are affected by the Chinese Virus. We will be stronger than ever before!

6:51 PM · Mar 16, 2020 · Twitter for iPhone



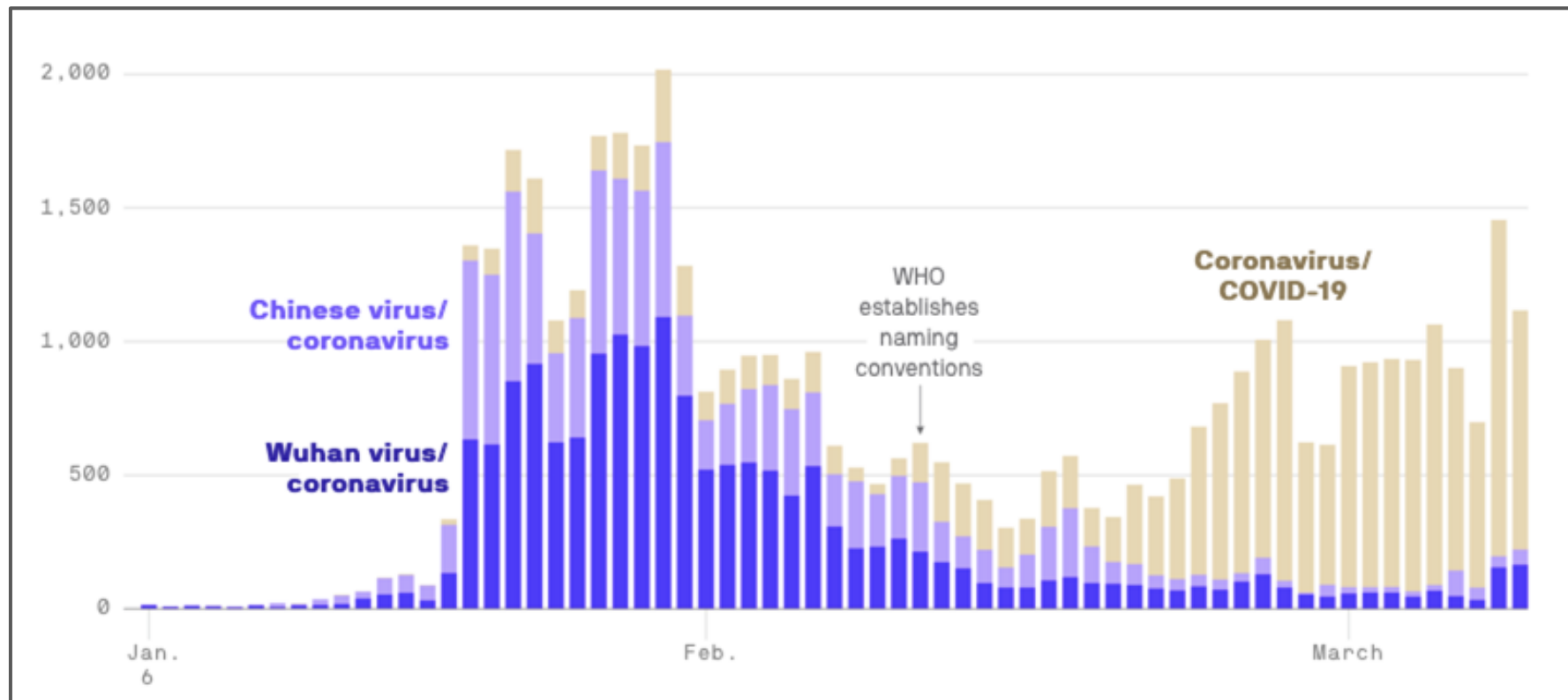
Jabin Botsford ✓
@jabinbotsford

Close up of President @realDonaldTrump notes is seen where he crossed out "Corona" and replaced it with "Chinese" Virus as he speaks with his coronavirus task force today at the White House. #trump #trumpnotes



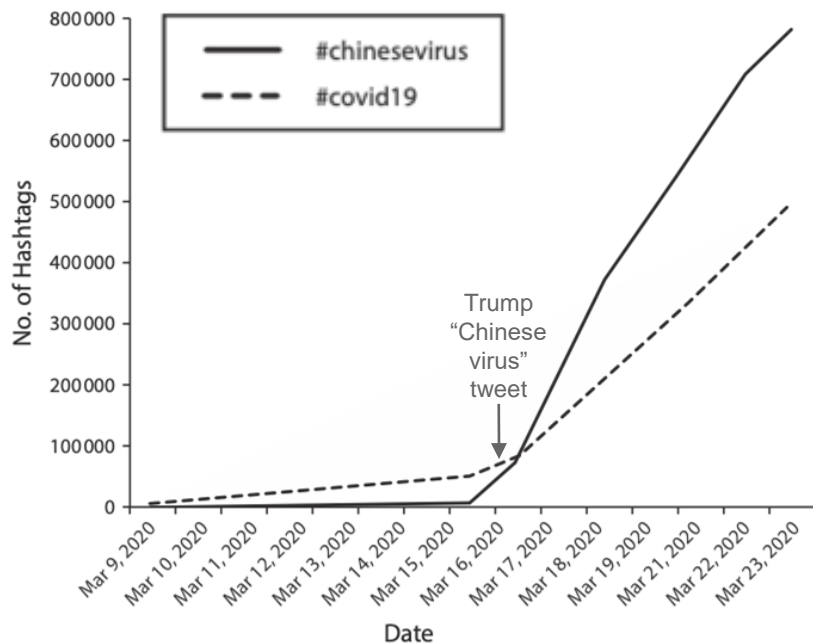
2:06 PM · Mar 19, 2020 · Twitter Web App

Virus label: Number of media articles over time



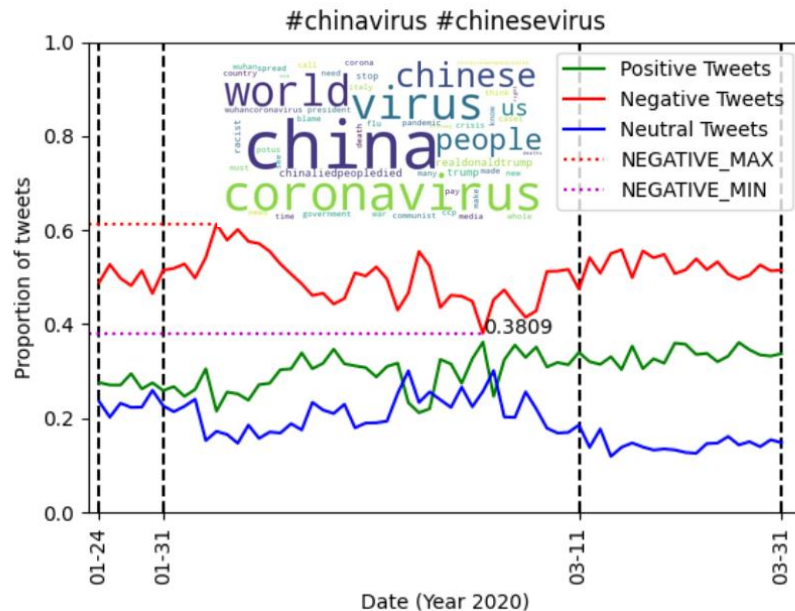
An analysis of English-language publications using BuzzSumo, Jan. 6 to March 10, 2020

Virus label: Number & valence of tweets over time



#ChineseVirus spiked after Trump's tweet...

(Hswen et al., 2021)



...expressing mostly negative sentiment

(Pei & Mehta, 2020)

Organizations warn against stigmatizing language

[Health Topics ▾](#)[Countries ▾](#)[Newsroom ▾](#)[Emergencies ▾](#)[Home](#) / [News](#) / [WHO issues best practices for naming new human infectious diseases](#)

WHO issues best practices for naming new human infectious diseases

8 May 2015 | Note for Media | Geneva | Reading time: 2 min (600 words)

WHO today called on scientists, national authorities and the media to follow best practices in naming new human infectious diseases to minimize unnecessary negative effects on nations, economies and people.

"In recent years, several new human infectious diseases have emerged. The use of names such as 'swine flu' and 'Middle East Respiratory Syndrome' has had unintended negative impacts by stigmatizing certain communities or economic sectors," says Dr Keiji Fukuda, Assistant Director-General for Health Security, WHO. "This may seem like a trivial issue to some, but disease names really do matter to the people who are directly affected. We've seen certain disease names provoke a backlash against members of particular religious or ethnic communities, create unjustified barriers to travel, commerce and trade, and trigger needless slaughtering of food animals. This can have serious consequences for peoples' lives and livelihoods."



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Combating Bias and Stigma Related to COVID-19

How to stop the xenophobia that's spreading along with the coronavirus.

History has shown that epidemics and pandemics tend to provoke xenophobia and stigma. This was the case with diseases such as Ebola and MERS and it is now the case with COVID-19. An increasing number of news reports document instances of stereotyping, harassment and bullying directed at people perceived to be of Asian descent following the spread of the new coronavirus.

While the origin of the virus appears to be a specific region of China, no one racial or ethnic group is at greater risk of infection or spread.

Associating the coronavirus with China or specific regions within China—for example, through references to the "China virus" or "Wuhan virus"—helps engender biases and xenophobia. That's why the World Health Organization strongly recommends against linking communicable diseases to specific geographic regions and recommends that all governments refrain from their use.

Common Thread Across WHO, CDC, APA:

Do not include geographic locations!
Cities, countries, regions, continents

Words matter: Relevant findings and theory

Emphasis / label / figurative framing shapes attitudes toward:

- “assistance to the poor” vs. “welfare” (Huber & Paris, 2013; Rasinski, 1989)
- “gay marriage” vs. “same-sex marriage” (Husser & Fernandez, 2016)
- “assisted dying” vs. “euthanasia” (Magelssen et al., 2016)
- “Affordable Care Act” vs. “Obamacare” (Holl et al., 2018; Newport, 2013)
- “noncitizens” vs. “illegal aliens” (Rucker et al., 2019)

Repetition of concepts and label frames increases:

- Concept accessibility (Higgins & King, 1981)
- Impact on political opinions (Lecheler et al., 2015)

Prediction: Virus labels impact bias and stigma

Pre-registered effects of “**Chinese virus**” (vs. COVID-19) label

- Xenophobia among **non-Chinese Americans** & **conservatives**:
 - Increased **hostility**
 - **Blaming Chinese** people for the pandemic
 - **Avoiding Chinese-owned businesses** and restaurants
 - Harshly **punishing non-compliance** with health measures
 - Supporting **anti-China policies**
- Stigma and self-monitoring among **Chinese Americans**:
 - **Self-monitoring** in public
 - **Distancing** (from other Chinese people)

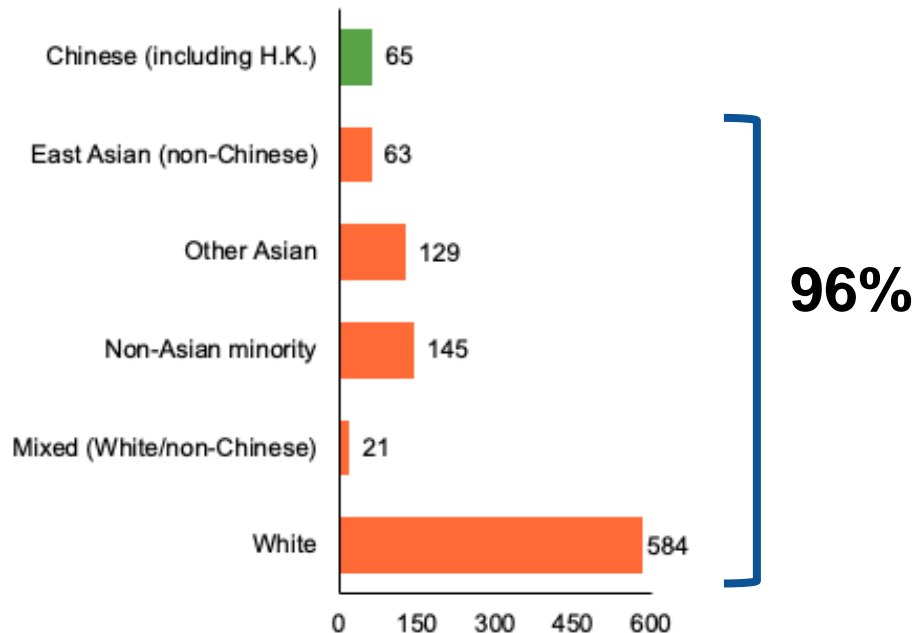
Participant demographics

MTurk: April 7-10, 2020

1009 U.S. adults*

- 47% female, 53% male
- Median age = 35
- 40% Liberal / Democrat,
36% Independent,
24% Conservative / Republican

*238 exclusions (pre-registered)



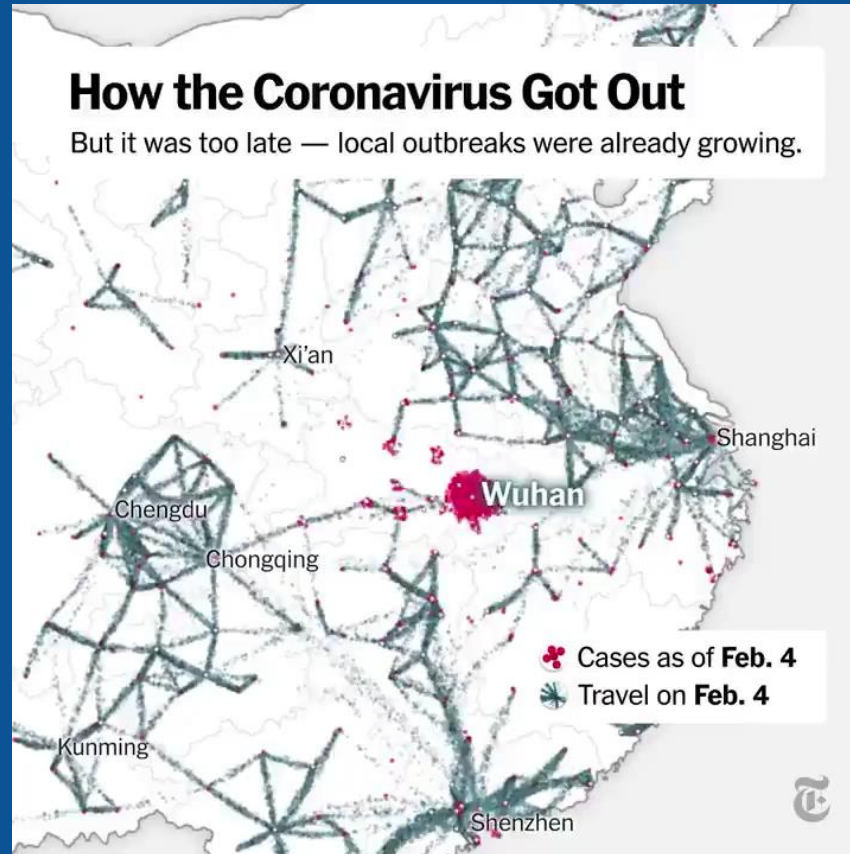
News Article: Virus Label Manipulation

“American government officials report that the novel [COVID-19/Chinese] virus originated in December 2019 in Wuhan, a large metropolitan city in China [...].”

“How can we tell where outbreaks of the [COVID-19/Chinese] virus might occur next? Monitor your local news for updates [...].”

“What can I do right now? “Sheltering in place” is the best way you can help slow the geographic spread of the [COVID-19/Chinese] virus [...].”

All participants watched this immersive video



Measures: Virus label manipulation

Right now, as you think about this [COVID-19/Chinese] virus, to what extent do you feel {e.g., *ashamed / hostile / disgusted*}?

During this [COVID-19/Chinese] virus pandemic how {likely/willing} are you to:

- e.g., *eat food from Chinese restaurants; feel strangers are monitoring you for symptoms; endure social isolation to save American lives*

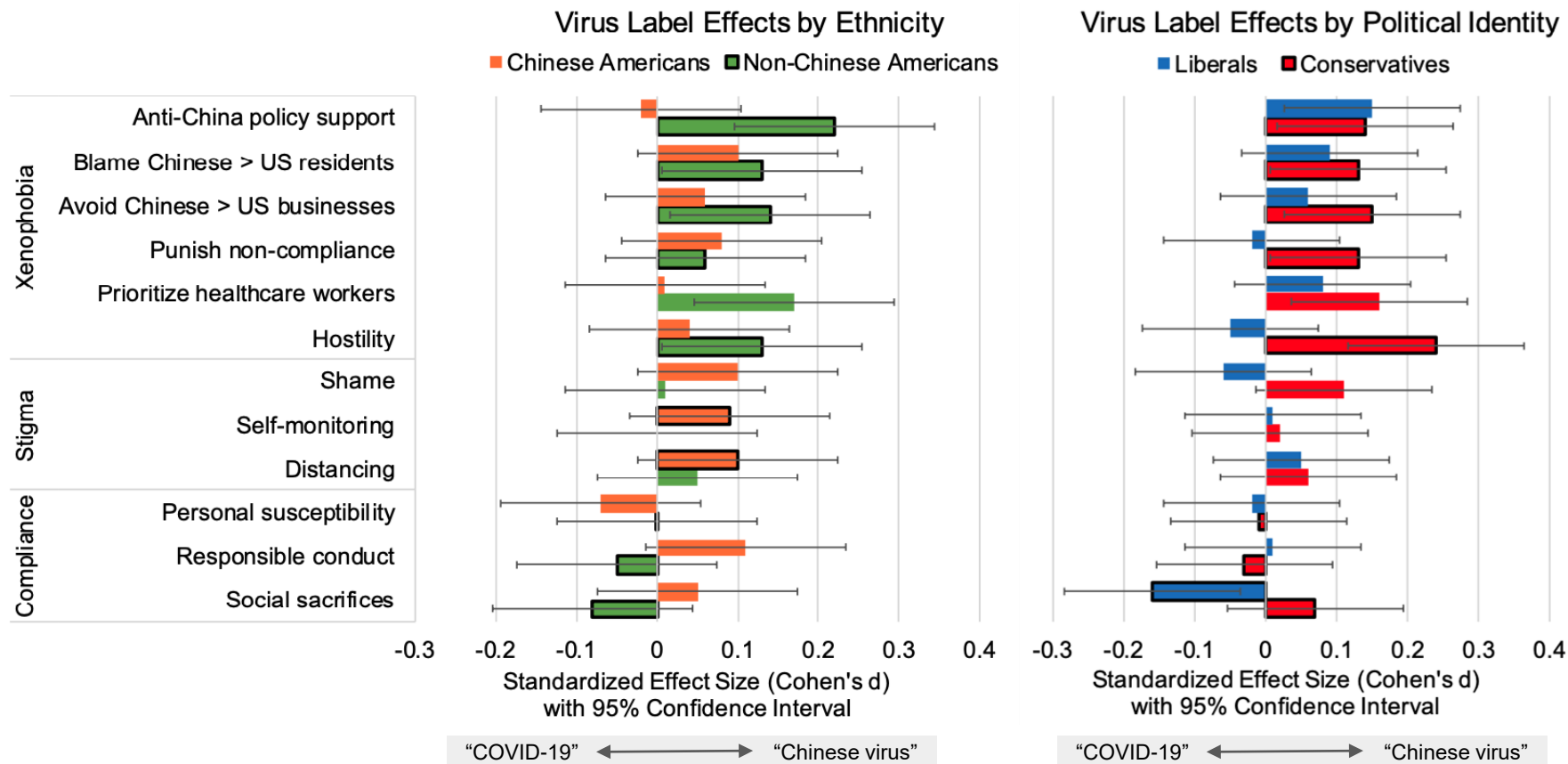
During this [COVID-19/Chinese] virus pandemic, do you favor [...]:

- e.g., *arresting infected individuals who refuse to self-quarantine*

[Which groups] are responsible for the state of this [COVID-19/Chinese] virus pandemic in the United States?

- e.g., *American individuals, Chinese individuals living in China*

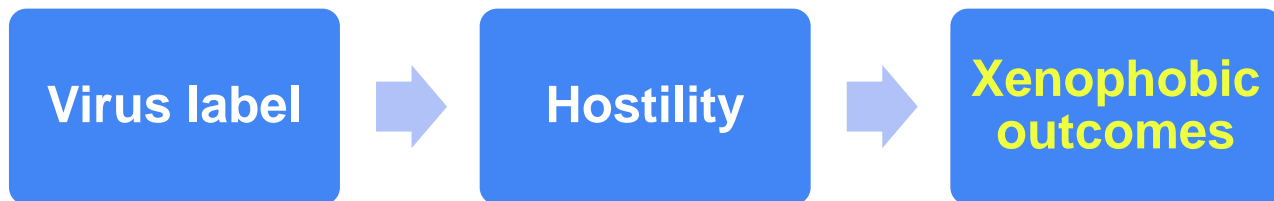
Results: Virus label effects



Results: Virus label summary

| Measure | Non-Chinese Americans | Chinese Americans | Chinese conservatives | Conservatives | Liberals |
|-------------------------------|-----------------------|-------------------|-----------------------|---------------|----------|
| Anti-China policy support | ✓ | ✗ | ✗ | ✓ | ✓ |
| Blame Chinese > US residents | ✓ | ✗ | $p = .09$ | ✓ | ✗ |
| Avoid Chinese > US businesses | ✓ | ✗ | ✗ | ✓ | ✗ |
| Punish non-compliance | ✗ | ✗ | ✗ | ✓ | ✗ |
| Prioritize healthcare workers | ✓ | ✗ | $p = .10$ | ✓ | ✗ |
| Hostility | ✓ | ✗ | ✓ | ✓ | ✗ |
| Shame | ✗ | $p = .10$ | ✓ | $p = .08$ | ✗ |
| Self-monitoring | ✗ | ✗ | ✓ | ✗ | ✗ |
| Distancing | ✗ | ✗ | ✓ | ✗ | ✗ |

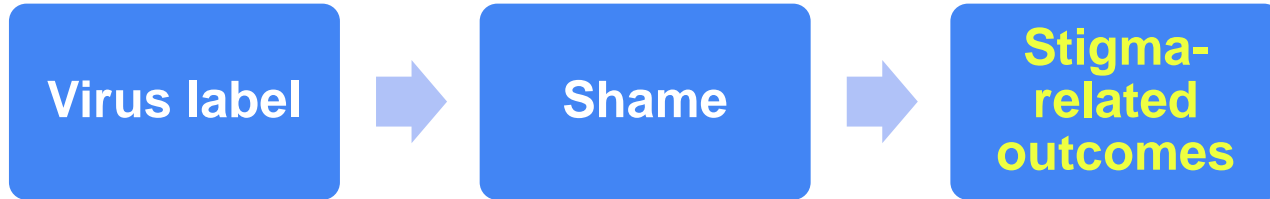
Virus label → hostility → xenophobic outcomes



| Indirect effects for each xenophobic outcome | Non-Chinese conservatives | Non-Chinese liberals | Chinese conservatives | Chinese liberals |
|--|---------------------------|----------------------|-----------------------|------------------|
| Anti-China policy support | 0.05* | -0.01 | 0.18* | -0.14* |
| Punish non-compliance | 0.04* | -0.003 | 0.13* | -0.06* |
| Prioritize healthcare workers | 0.04* | -0.01 | 0.14* | -0.13* |

*95% CI
excludes 0

Virus label → shame → stigma-related outcomes



| Indirect effects for each stigma-related outcome | Non-Chinese conservatives | Non-Chinese liberals | Chinese conservatives | Chinese liberals |
|--|---------------------------|----------------------|-----------------------|------------------|
| Self-monitoring | 0.02 | -0.01 | 0.29* | -0.06 |
| Distancing | 0.02 | -0.01 | 0.31* | -0.06 |

*95% CI
excludes 0

“Chinese virus” (vs. COVID-19) label linked to...

Xenophobia among **non-Chinese Americans** & **conservatives**

- Blaming Chinese people, avoiding Chinese stores, supporting anti-China policy
- *Effects mediated by heightened hostility*

Stigma / self-monitoring among **Chinese American conservatives**

- Self-monitoring in public, distancing from other Chinese people
- *Effects mediated by heightened shame*

Virus Labels Matter!

Consequences for bias and stigma

From Naming to Blaming

Using Ethnic/Geographic
(vs. Medical) Virus Labels
Increases Hostility,
Xenophobia, and Stigma



Hilary B. Bergsieker
Associate Professor
University of Waterloo

hburbank@uwaterloo.ca
@h_bergsieker